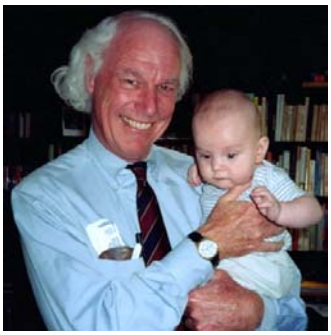
The Comprehensive Perinatal Services Program

COORDINATION NEWSLETTER

Spring 2003 • Volume 1 • Issue 3

California Teratogen Information Service (C.T.I.S.)

Lyn M. Dick, CTIS Senior Pregnancy Risk Information Specialist



In 1980, through the Department of Education, the state of California budgeted a sum of money to a small teratogen service for expansion. This expansion, which became the California Teratogen Registry, was mandated to provide free teratogen counseling via telephone to pregnant women and health care professionals throughout the state. The goal of this service was "the elimination of preventable birth defects and the promotion of healthy babies." Located at UCSD Medical Center, the service was directed by Dr. Kenneth Lyons Jones, pediatrician, Chief of Dysmorphology and one of the team of clinicians who first identified Fetal Alcohol Syndrome (FAS). The staff consisted of a Ph.D Teratologist and one counselor.

Dr. Jones soon realized that by documenting pregnancy histories of pregnant callers and providing a dysmorphological examination for their babies, he could learn more about fetal effects of certain medications, thus being able to provide more accurate information to future pregnant women.

C.T.I.S.
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March of Dimes launches $75 million, five-year campaign to uncover the causes of the #1 obstetric problem in the United States: Prematurity

Inside this issue:

March Of Dimes gets $75 Million Over Five Years

March of Dimes launches $75 million, five-year campaign to uncover the causes of the #1 obstetric problem in the United States: Prematurity

Premature births have risen 27% since 1981, now accounting for 476,000 of the 4 million babies delivered each year in this country. In an average year over 52,000 premature babies are born in California. Although prematurity is the leading cause of newborn death, surveys have found that only 1 in 3 Americans recognize prematurity as a problem. Furthermore, nearly half of premature births happen for unknown reasons.

The March of Dimes has funded several treatments

March of Dimes
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CPSP Provider Training Calendar Summer 2003

Steps To Take
2 Day Provider Training
Dates June 24-25, 2003
Location: Hanford, CA
Time: 8 am-4 pm

(CTIS) California Teratogen Information Service *-continued from page 1*

Through increased state funding and donations, the staff has increased to include: an epidemiologist, five full and part-time pregnancy risk counselors (bilingual in Spanish and Tagalog), follow-up personnel, outreach personnel and ancillary staff.

While the center of operations remains in San Diego, two phone counselors are located at UCLA and one at Stanford. Dr. Kenneth Lyons Jones is still the Medical Director of the service.

Callers can talk to counselors through our toll free number ***(800) 532-3749*** Monday through Friday 9:00 am to 5:00 pm. After-hour callers can leave a voice mail message, or place an inquiry using our CTIS online form http://ctispregnancy.org/ctis.html and receive a reply by phone within two days. Pregnancy risk counselors gather pertinent information from the caller regarding the agent of exposure, dates of exposure, amounts, etc. Using online databases, published medical studies, and other resources, and interpreting that data using the principles of teratology, the counselors can provide the most current scientific information to the caller, specific to her situation.

Pregnant callers are welcome to participate in the free and confidential follow-up studies. These women are contacted several times during their pregnancy and they keep track of their exposures. After birth their infant can receive a free examination by Dr. Kenneth Lyons Jones anywhere in California. CTIS continues to keep in touch with these families and many children are offered free neuro -developmental follow-up at school age, including I.Q. testing.

CTIS will register all women, with any exposure, who wish to participate. At this time we are especially interested in following pregnant women with rheumatoid arthritis or asthma (no matter what drug– if any- they take). Other medications of special interest are Arava, Accutane, all anti-depressants and all anti-convulsants.

Health care professionals (only) are welcome to call (619)-543-2128 for teratogen information, to set up educational talks, or to solicit CTIS's participation in health fairs or seminars. Visit the CTIS website at : www.ctispregnancy.org.

Call (800) 532-3749 for CTIS

March of Dimes

Continued from page 1

given in neonatal intensive care units to help many of these premature babies survive. But even as our neonatal intensive care units get better, many don't survive, and others may suffer lifelong consequences such as cerebral palsy and blindness.

The March of Dimes, whose mission is to improve the health of babies by preventing birth defects and infant mortality, is embarking on a 5 year, $75 million prematurity campaign to increase awareness about this critical issue and to reduce the number of premature births.

The goals of the campaign are to:

- Increase the awareness of premature birth from 35% to 60% through educating pregnant women, healthcare providers, and the general public.
- Reduce the number of premature births by 15%, through research and advocating for federal support. Using the current rate of premature births, this amounts to 73,000 babies annually who will not have to suffer from the consequences of a premature birth.

March of Dimes will focus on the following activities to meet those goals:

1. Invest research dollars to find the causes for prematurity and appropriate interventions
2. Raise public awareness about the problem
3. Educate women of childbearing age about the warning signs of preterm labor
4. Assist health professionals in improving detection of high-risk pregnancies and addressing risk factors
5. Promote access to health insurance to improve prenatal and infant health outcomes

The March of Dimes is collaborating with the California Department of Health Services, Comprehensive Perinatal Services Program to educate its partners in California about the importance of educating their clients about the signs of premature labor, because it could save babies lives.

Signs of premature labor:

- Contractions every ten minutes or more often
- Fluid (bloody or clear) leaking from the vagina
- Pelvic pressure-the feeling that the baby is pushing down
- Low, dull backache
- Menstrual-like cramps (cramps that make it feel like a period)
- Abdominal cramps, with or without diarrhea

The March of Dimes has resource materials available that teach the signs and symptoms of premature labor. If you are interested in these materials or would like to find out more about the Prematurity Campaign, please call (888) 4-BABIES and ask to speak with a program staff member or visit the March of Dimes website at **www.marchofdimes.com**

With your dedication and support, we are working towards the day when every baby gets a healthy start in life!

WELCOME NEW MCH/CPSP STAFF

Geanne Lyons, MPH
Health Education Consultant
And
Ben Carranco, Health Program Specialist

ORDER MATERIALS

You may order additional Steps to Take Guidelines or Provider Hand-books by call-ing Jennifer Rodriguez at (909) 594-5611 Extension 6113

Shasta Community Health Center (SCHC)

Shasta County is very fortunate to have Shasta Community Health Center (SCHC). This community clinic is dedicated to providing primary health services to economically and disadvantaged populations. Its new facility is located in downtown Redding and has satellites in Anderson, Happy Valley and Shasta Lake.

This well respected clinic has grown since its inception in 1988, becoming a Federally Qualified Health Center (FQHC) in 1993 and a Comprehensive Perinatal Service Program (CPSP) provider in 1996. At that time it had over 27,000 patients and almost half of these patients were infants and children. Today the patient population has more than doubled, and more than 95% of all patients at SCHC are well below the federal poverty level.

Drs. Jeffrey Bosworth, Feoktist Orloff, David Runyon, and Elaine Porter, all family practice physicians, provide maternal care. Dr. Bosworth is Director of the Mercy, Redding Family Practice Residency Program, an affiliate of UC Davis Residency Program at Shasta Community Health Center. These physicians also precept residents for training and continuity of care to our CPSP patients. The same doctor sees each woman throughout her pregnancy, delivery and postpartum period. The center has grown from delivering 19 babies in 1996 to 115 deliveries in 2002.

Shasta Community Health Center

Gayle Haag, LVN, the center's CPSP Coordinator, works closely with the doctors and acts as a liaison between the client and other divisions of the center in providing financial programs, dental care, psychosocial and domestic violence counseling. She refers the client to community agencies outside the center such as WIC, California Diabetes & pregnancy Program-Sweet Success, The Breastfeeding Support Center, birthing classes, Northern Valley Catholic Social Services, Great Beginnings (child counseling and mental health), drug and alcohol resources, Redding's Housing Authority, Woman's Refuge, Public Health, Medi-Cal services, Private Industry Council (employment services) and Cal-Safe (alternative schools). She is a mentor to Julie Smith-Wharton, LVN, who works part-time through a grant expansion program. Gayle keeps up to date with Shasta County's Perinatal Services Coordinator, Linda Price, insuring that SCHC has knowledge of the latest programs and information from the county and state.

A special event at SCHC occurs in February at the General Staff Meeting. The New Years Baby and Mother are presented unwrapped baby gifts and gift certificates donated by the staff. This is a way for all of the staff to participate in the clinic's growth.

Indeed Shasta Community Health Center can be proud of providing primary health services and quality programs such as CPSP.

Thank you Shasta Community Health Center!

Developed by: Linda Price, RN PSC, Shasta County.

Smallpox and Pregnancy

Smallpox (Vaccinia) Vaccine Contraindications

The contraindications below apply to potential vaccinees and their household contacts.

Pregnancy and Vaccinia

- Fetal vaccinia, resulting from vaccinial transmission from mother to fetus, is a rare, but serious complication of smallpox vaccination during pregnancy or shortly before conception; <50 cases have been reported in the literature. Fetal vaccinia is manifested by skin lesions and organ involvement, and often results in fetal or neonatal death. The skin lesions in the newborn infant are similar to those of generalized vaccinia or progressive vaccinia and can be confluent and extensive. The number of affected pregnancies maintained until term is limited. Affected pregnancies have been reported among women vaccinated in all three trimesters, among first-time vaccinees as well as in those being revaccinated, and among nonvaccinated contacts of vaccinees. Because fetal vaccinia is so rare, the frequency of, and risks for, fetal vaccinia cannot be reliably determined. Whether virus infects the fetus through blood or by direct contact with infected amniotic fluid is unknown. No known reliable intrauterine diagnostic test is available to confirm fetal infection.
- Apart from the characteristic pattern of fetal vaccinia, smallpox vaccination of pregnant women has not been clearly associated with prematurity, low birth weight, and fetal loss. In addition, smallpox vaccine has not been demonstrated to cause congenital malformations.

Information on pregnancy and fetal vaccinia taken from MMWR, February 21, 2003/52; 1-28 issue, which can be viewed at www.cdc.gov/mmwr/preview/mmwrhtml/rr5204a1.htm

Suggested Guidelines

- Before vaccination, people should be asked if they or any of their household contacts are pregnant or intend to become pregnant in the next 4 weeks; those who respond positively should not be vaccinated.
- In addition, women who are vaccinated should be counseled not to become pregnant during the 4 weeks after vaccination.
- Routine pregnancy testing of women of child-bearing age is not recommended.
- Any woman who thinks she could be pregnant or who wants additional assurance that she is not pregnant should perform a urine pregnancy test using a "first morning" void urine on the day scheduled for vaccination.
- If a pregnant woman is inadvertently vaccinated or if she becomes pregnant within 4 weeks after vaccinia vaccination, she should be counseled regarding the basis of concern for the fetus. However, given the rarity of congenital vaccinia among live-born infants, vaccination during pregnancy should not ordinarily be a reason to terminate pregnancy.
- No indication exists for routine, prophylactic use of vaccinia immune globulin (VIG) for an unintentionally vaccinated pregnant woman; however, VIG should not be withheld if a pregnant woman experiences a condition where VIG is needed (e.g., exzema vaccinatum). To expand understanding of the risk for fetal vaccinia and to document whether adverse pregnancy outcome might be associated with vaccination, CDC is establishing a prospective smallpox vaccination pregnancy registry.

The following contraindications apply only to potential vaccinees:

Breastfeeding mothers should not receive the smallpox vaccine. The close physical contact that occurs during breastfeeding increases the chance of inadvertent inoculation.

REMEMBER: There are no contraindications to the smallpox vaccine if someone has been exposed to the smallpox virus!

The full version of the smallpox fact sheet on the vaccine's contraindications can be found at www.bt.cdc.gov/agent/smallpox/vaccination/contraindications-clinic.asp

California's policy for a person living with a child under 12 months of age.

- The California Department of Health Services policy is to defer vaccination of candidates who have an infant less than 1 year of age in the household until the child is 1 year of age.
- Complete document can be found at: www.dhs.ca.gov/smallpox/EPOSmallpoxHealthWorker.html

For more information visit the following websites:

- Centers for Disease Control (CDC): www.cdc.gov/smallpox
- United States Department of Health and Human Services: www.smallpox.gov
- California Department of Health Services: www.dhs.ca.gov/smallpox

Telephone Numbers:

CDC Clinician Information Line: (877) 554-4625
CDC Hotlines: English (888) 246-2675;
Spanish (888) 246-2857; TTY (866) 874-2646
California Office of Emergency Services: (800) 550-5234

MT. SAN ANTONIO COLLEGE
RHORCLA
Regional Health Occupations Resource Center

1100 NORTH GRAND AVENUE
BUILDING 35
WALNUT, CA 91789

COORDINATION NEWSLETTER - The Comprehensive Perinatal Services Program (CPSP)

Medi-Cal Questions File

By Jeanne Machado-Derdowski, DHS Medical Research Analyst

QUESTION: What is the minimum amount of time allowed to complete the combined initial assessment (Z6500)?

ANSWER: Title 22 California Code of Regulations Section 51504 allows Z6500 a total of 90 minutes. In addition, the CPSP Provider Handbook page 5-3 states "Initial assessments must be at least 30 minutes for each support service discipline."

QUESTION: Can I bill for an Initial Combined Assessment and Case Coordination billing code if the obstetric portion is not completed within four weeks?

ANSWER: No. HCPCS Z6500 (Combined Assessments) may only be billed when a beneficiary receives all three initial nutritional, health education, and psychosocial assessments and the initial pregnancy-related office visit within four weeks of entry into care (January 1992 *Medical Services Bulletin* 206). Entry into care is the date of the initial pregnancy-related office visit or the first initial assessment, whichever is provided first. The initial comprehensive pregnancy-related office visits and three initial assessments may be provided in any order.

Please refer to your *Inpatient/Outpatient* Medi-Cal provider manual "preg com 5," Medi-Cal's website, www.medi-cal.ca.gov, CPSP Provider Handbook, or Title 22, CCR sections 51348 and 51504 for details.

If the initial assessments are not performed within four weeks of entry into care the provider must bill for the actual assessments performed using the individual assessment codes (Z6200, Z6300, and/or Z6402). The three initial assessments (nutrition, health education and psychosocial) and the initial pregnancy-related office visit (Z1032) may be provided in any order and at any time during the patient's care.

Website Resources

Dept. Of Health Services– Maternal Child Health Branch: www.mch.dhs.ca.gov

Mt San Antonio College www.mtsac.edu

Los Angeles County Public Health www.lapublichealth.org/mch

CTIS www.ctispregnancy.org

CPSP www.mch.dhs.ca.gov/programs/ cpsp

March of Dimes www.marchofdimes.com

Medi-Cal Policy Division www.medi-cal.ca.gov